


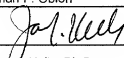
12/08/00

US 09/334,647
PTOUTILITY
PATENT APPLICATION
TRANSMITTAL

for new nonprovisional applications under 37 CFR 1.53(b)

Attorney Docket No.	200488US0CONT
First Inventor or Application Identifier	Junji HAMURO
Title	IMMUNOMODULATOR
Assignee Name:	AJINOMOTO CO. INC.
Assignee Address:	No. 15-1, Kyobashi 1-Chome, Chuo-Ku, Tokyo, Japan

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
1. ■ Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)		ACCOMPANYING APPLICATION PARTS	
2. ■ Specification Total Sheets 64		7. ■ The prior application is assigned to: Ajinomoto Co., Inc., Reel No. 010242, Frame No. 0712-0714	
3. ■ Drawing(s) (35 U.S.C. 113) Total Sheets 4		8. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	
4. ■ Oath or Declaration Total Pages 3		9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)	
a. <input type="checkbox"/> Newly executed (original or copy)		10. <input type="checkbox"/> English Translation Document (if applicable)	
b. ■ Copy from a prior application (37 C.F.R. §1.63(d)) (for continuation / divisional w/ box 16 completed)		11. ■ Information Disclosure Statement (IDS)/PTO-1449 ■ Copies of IDS Citations (15)	
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).		12. ■ Preliminary Amendment	
5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)		13. ■ White Advance Serial No. Postcard	
6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)		14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
a. <input type="checkbox"/> Computer Readable Form (CRF)		15. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	
b. Specification or Sequence Listing on:		16. ■ Other: Request for Priority	
i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or			
ii. <input type="checkbox"/> Paper			
c. <input type="checkbox"/> Statements verifying identity of above copies			
16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below: ■ Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application no.: 09/334,647 Prior application information: Examiner: P. Robinson Group Art Unit: 1653			
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
17. Amend the specification by inserting before the first line the sentence: ■ This application is a ■ Continuation <input type="checkbox"/> Division <input type="checkbox"/> Continuation-in-part (CIP) of application Serial No. 09/334,647, filed on June 17, 1999, now allowed, which is a Continuation-In-Part of Application Serial No. 09/181,881, filed October 29, 1998, now pending. <input type="checkbox"/> Which was published in English <input type="checkbox"/> Which was not published in English <input type="checkbox"/> This application claims priority of provisional application Serial No. Filed			
18. CORRESPONDENCE ADDRESS  22850 (703) 413-3000 FACSIMILE: (703) 413-2220			

Name:	Norman F. Oblon	Registration No.:	24,618
Signature:		Date:	12/8/00
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Junji HAMURO et al.

SERIAL NO: New Application

FILING DATE: Herewith

FOR: IMMUNOMODULATOR

FEE TRANSMITTAL

ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	4 - 20 =	0	× \$18 =	\$0.00
INDEPENDENT CLAIMS	1 - 3 =	0	× \$80 =	\$0.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$270 =	\$0.00
<input type="checkbox"/> LATE FILING OF DECLARATION			+ \$130 =	\$0.00
BASIC FEE				\$710.00
TOTAL OF ABOVE CALCULATIONS				\$710.00
<input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$0.00
<input type="checkbox"/> FILING IN NON-ENGLISH LANGUAGE			+ \$130 =	\$0.00
<input type="checkbox"/> RECORDATION OF ASSIGNMENT			+ \$40 =	\$0.00
TOTAL				\$710.00

- ☐ Please charge Deposit Account No. 15-0030 in the amount of _____ A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of **\$710.00** to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,
MAIER & NEUSTADT, P.C.Date: 12/18/04Norman F. Oblon
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